SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 119 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Janice Biggerstaff Dunlap Date of Receipt Mailing Address PO Box 1249 30 2015 10 City Zip Code State Transaction ID: 38709139 NC Albemarle 28002-1249 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Dr. Thomas Edward Dunlap Jr. Date of Receipt Mailing Address PO Box 1249 10 30 2015 City State Zip Code Transaction ID: 38709140 NC Albemarle 28002-1249 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Wesley E Garton Date of Receipt Mailing Address 14626 E Sharon Ln 30 10 2015 City Zip Code State Transaction ID: 38709141 KS Wichita 67230-7015 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....